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CONFIRMATION NO. 3976

<b>SERIAL NUMBER</b> 10/669,484	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 1690-SPL	
<b>APPLICANTS</b> Jerry A. Krill, Ellicott City, MD; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/413,466 09/24/2002 ✓ <b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/17/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>✓</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26085					
<b>TITLE</b> Ingestible medical payload carrying capsule with wireless communication					
<b>FILING FEE RECEIVED</b> 576	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		